

Please read the information below before completing the application.

NOTE: Application fees are non-refundable. The licensure process could take a minimum of 30 days after submission of a completed application. Plan your application time accordingly. All questions on the application must be answered.

ATTENTION: ALL SUPPORTING DOCUMENTS MUST BE MAILED IN ONE PACKAGE WITH THE COMPLETED APPLICATION TO THE BOARD OFFICE.

Please submit the following:

1. **Completed application form** accompanied by a fee of \$50.00 (subject to change). Your application will not be processed unless the fee and all supporting documents are received. This is only an application fee. If licensure is granted, the license will be required to be renewed by the last day of December in ODD numbered years, regardless of when you were originally licensed. Personal checks or money orders are acceptable, payable to the order of Georgia Board of Dentistry. FEES ARE NON-REFUNDABLE. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20
2. **Incomplete applications** are maintained in the Board office for a period of one (1) year. After such time the application is rendered void and the applicant must re-apply and pay all required fees.
3. **Official licensure verification** for **every** dental hygiene license **ever** held. Each verification must indicate the date of licensure, the licensure status (active, inactive, expired, revoked, etc.), any disciplinary actions taken against you by the licensing board and the result of these actions. The applicant must provide a certified copy of the formal complaint/pleading, outcomes, and a personal written explanation for each instance of discipline. You should call each state board about fees for these services. The verification must be submitted with your application **IN THE ORIGINAL SEALED ENVELOPE FROM THE STATE BOARD**, and must be dated within four months of Board receipt of your complete application packet.
4. **An official transcript** which documents graduation with an A.S., B.A., or B.S. degree from a dental hygiene school which is accredited by the American Dental Association (ADA) Commission on Dental Education. The transcript must be **IN THE ORIGINAL SEALED ENVELOPE FROM THE COLLEGE**. Georgia laws §§ 43-11-71 and 43-11-71.1 require graduation from an ADA-accredited school.
5. **National Board Scores** from the ADA Joint Commission on National Dental examinations. The ADA (1-800-621-8099) will send a copy of National Board scores to state licensure boards only. If you ask the ADA to send our board a copy of your National Board scores, so indicate in your application packet. **DO NOT SUBMIT THE NATIONAL BOARD CERTIFICATE.**
6. **Proof of having successfully passed** a clinical licensure examination. Effective January 1, 2006, each candidate must pass all sections with a score of 75 or higher on the examination administered by the board or by any testing agency designated and approved by the Board. The testing agency currently approved by the board is the Central Regional Dental Testing

Services (CRDTS) – www.crdts.org or 785-273-0380. Submit a NOTARIZED copy of your examination score sheet. Scores are valid for five (5) years.

The board will accept SRTA examination scores of 75 or higher if attained between February 22, 1993 and December 31, 2005. SRTA retake examination results will be accepted until December 31, 2006.

7. **Jurisprudence Examination:** The examination must be downloaded from our website. The study materials are also on our website. The fee for this examination is \$25.00, payable to the order of Georgia Board of Dentistry. FEES ARE NON REFUNDABLE. *A score of 75 or higher is considered a passing score.*
8. **National Practitioner Databank:** Submit a sealed self query from the NPDB-HIPDB, please visit www.npdb-hipdb.com or call the Customer Service Center at 1-800-767-6732.

If the National Practitioner Data Bank(NPDB) provides any disciplinary action, certified copies of any pending or final disciplinary actions or malpractice actions against applicant must be submitted. All applicants must submit a NPDB report along with the completed application. The NPDB report must be dated within four months of the submission of the application. The ONLY applicants exempt from the requirement of NPDB report submission are those applicants within 6 months of dental school graduation and/or those who have never been issued a dental license in any state or U.S. territory. The NPDB report must be received in the ORIGINAL SEALED ENVELOPE FROM NPDB. Applicants who have disciplinary or malpractice case(s) (open & closed) will be considered for licensure on a case- by-case basis, after receipt of all required application materials. For each case, the applicant must submit:

- 1) a certified copy of the formal complaint pleadings filed by the plaintiff/complainant or State Regulatory Agency,
- 2) a certified copy of the final action, disposition, or settlement,
- 3) a personal explanation of the disciplinary action or the malpractice claim, and
- 4) any further information requested by the Board in separate communications.

9. **CPR:** Submit a photocopy of your current CPR certification
10. **Copy of Court Document or Affidavit** explaining any discrepancies of the applicant's name if documents submitted bear different name(s). [i.e. marriage certificate, divorce decree, legal name change]
11. **Relocation:** - If you relocate during the time that your application is being processed, you **must** notify the Board of your new address in writing by fax (866) 888-1308 or mail. This will enable you to receive Board correspondence.
12. If applying for temporary licensure please follow ALL instructions listed on form.

**Do Not Write In This Section:**

Receipt#: _____
Amount: _____
Applicant #: _____
Initials/Date: _____

Board Name: Georgia Board of Dentistry
Address: 237 Coliseum Drive
Address: Macon, GA 31217
Telephone #: (478) 207-2440
Fax #: (866) 888-1308
Website: www.sos.ga.gov/plb/dentistry

Application For: Dental Hygiene License
Application Fees \$50 application fee \$25 Exam fee

Applicant is applying for above referenced license by:

- ☐ Application/Examination
☐ Application [currently licensed in another state(s)]

Checks returned for insufficient funds will be assessed a \$40 service charge pursuant to O.C.G.A. § 16-9-20

DISABILITY- If you have a disability and may require an accommodation, you must contact the Board to obtain the REQUEST FOR DISABILITY ACCOMMODATIONS GUIDELINES.

VETERANS PREFERENCE POINTS- Veterans may be eligible for special benefits in testing. For more information, contact the Board office. **Submit copy of DD-214 with your application.**

Part I: Personal Information

1. Name: _____
Last First Middle Maiden

2. Mailing Address: _____
(Street) (Apt. #) (City/State/Zip Code)

3. If your mailing address is a P.O. Box, you must provide a physical address:

(Street) (Apt. #) (City/State/Zip Code)

If you are granted a license, your name, mailing address and license number are public information.

4. E-Mail Address: _____ Your e-mail will not be released to third parties.

5. Telephone #: Home: () _____ Work () _____ Other () _____

6. Date of Birth: _____

7. Social Security Number*: _____ - _____ - _____

8. ___ I am a U.S. Citizen.

___ **I am not a U.S. citizen** but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. ****Submit attached checklist form with documentation,** and provide required documentation

9. Military Service: _____ Dates of Service: _____
Honorable/Dishonorable Discharge: _____

Revised 05/02/2011

Part II: Professional Education

10. Highest Degree Earned: ____ Doctorate ____ Master ____ Bachelor ____ Associate ____ Diploma/Certificate

11. Name/Address of Entry Level Professional Institution (e.g. technical school, undergraduate college/university): _____

a. Dates Attended: _____

c. Graduation Date: _____

b. Major: _____

d. Degree(s) Earned: _____

12. Name/Address of Graduate School/University: _____

a. Dates Attended: _____

c. Graduation Date: _____

b. Major: _____

d. Degree(s) Earned: _____

13. Name/Address of Post-Graduate School/Hospital (if applicable): _____

a. Type of Training: _____

b. Dates Attended: _____

14. National Board Information:

I understand that it is my responsibility to see that a copy of my scores be mailed from the Joint Commission on National Dental Examinations directly to the Board. For your convenience, the number is: 1-800-621-8099.

Signature of Applicant

15. National Practitioners Data Bank/Healthcare Integrity and Protection Data Bank

The Georgia Board of Dentistry requires all candidates for licensure to query the **NPDB/HIPDB** before licensure will be granted: You may contact the NPDB/HIPDB by calling: 1-800-767-6732 or by submitting query online at: www.NPDB.com. (When you receive the **RESPONSE** from the NPDB/HIPDB please forward the information to the Board office along with your completed application).

If you are a recent graduate (within the past six months) and not licensed in any other state, you are exempt from this requirement.

16. Did you require special accommodations for any examination, SRTA, CRDTS, NERB, ADEX, WREB, or CITA as outlined in the Americans with Disabilities Act? ☐ Yes or ☐ No **If yes, what accommodations were made?**

17. Have you ever failed a portion of any clinical examination, CRDTS, NERB, ADEX, SRTA, WREB, CITA, or any other regional or state clinical examination?

☐ Yes ☐ No **If yes, give dates (list regional or state if applicable).**

If you've failed this exam three (3) or more times please request an exam history from CRDTS, NERB, ADEX, SRTA, WREB, CITA or other regional or state board.

Revised 08-08-08

Part III:

If yes to any of the following questions you must attach a full written explanation pertaining to that particular question.

18. Do you presently have any contagious or infectious disease? ☐ Yes ☐ No
19. Have you ever had a formal complaint filed against you with any dental hygiene society, association, hospital, or dental board? ☐ Yes ☐ No
20. Has any state licensing board revoked or suspended your certificate/license, or taken other disciplinary action? ☐ Yes ☐ No
21. Have you ever voluntarily surrendered a dental hygiene license? ☐ Yes ☐ No
22. Have you ever had any malpractice suits filed against you? ☐ Yes ☐ No
23. Have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state? ☐ Yes ☐ No
24. Have you ever been denied the privilege of taking an examination before any Dental Board or licensing authority? ☐ Yes ☐ No
25. Have you ever failed an examination required of any Dental Board or other licensing authority?
☐ Yes ☐ No
26. Have you ever been refused, or suspended from membership in a dental hygiene society, or association, or hospital staff?
☐ Yes ☐ No
27. Have you ever personally used narcotics or alcohol excessively or have you ever undergone treatment for addiction to alcohol or other controlled substances or habit forming substances? ☐ Yes ☐ No
28. Are there any other facts not disclosed by your answers which may have a bearing on your fitness or eligibility to practice dentistry in Georgia and which should be placed at the disposal or brought to the attention of the State Board of Dentistry? ☐ Yes ☐ No
29. Have you ever been summoned, arrested, taken into custody, indicted, convicted or tried for, or charged with, or pled guilty to, or pled, nolo contendere to, a violation of any law or ordinance or the commission of any felony or misdemeanor (excluding minor traffic violations), (DWI & DUIs' are **not** minor traffic violations), or have you been requested to appear before a prosecuting attorney or investigative agency in any matter? ☐ Yes ☐ No

(Although a conviction may have been expunged from the records by order of court, it nevertheless must be disclosed in your answer to this question). If yes, for **each** occurrence furnish a written statement giving the complete facts in your own words, including in such statement the date, name and nature of the offense, the name and locality of the court, and the disposition of each such matter. **You must attach the court disposition.**

30. Out of State Licensure Certification(s):

List all states which you have been issued a license to practice dentistry: (active, inactive, revoked, suspended, expired, lapsed etc.) You should have each state listed send an official letter of licensure verification/certification. See instruction sheet for details. **If not applicable check here: () n/a and initial**

<u>STATE</u>	<u>DATE OF LICENSURE</u>	<u>LICENSE STATUS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part IV:

34. AFFIDAVIT OF APPLICATION

I acknowledge and state that I have read the application and instructions that accompanied this application and I have answered all questions in compliance with these instructions. I acknowledge that it is my responsibility to read and become familiar with the Dental Practice Act and the Board Rules. I further state that by submitting this application for a license to practice dentistry/dental hygiene in the State of Georgia, I hereby authorize and consent to have an investigation made as to the moral character, professional reputation and fitness for the practice of dentistry/ dental hygiene. I agree to give any further information in which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its contents and I further understand that the contents of the investigative report will be privileged unless determined otherwise by the Board of Court Order. I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or foreign), court, association, institution, or other organization having control of any documents, records and other information pertaining to me, to furnish to the Georgia Board of Dentistry any information, including documents, records, regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Georgia Board of Dentistry or any of its agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application, subsequent licensure or practice thereunder. I hereby release, discharge and exonerate the Georgia Board of Dentistry, it's agents or representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records or other information or the investigation made by the Georgia Board of Dentistry. I authorize the Georgia Board of Dentistry to release information, material, documents, orders or the like relating to me or to this application to any other State or Territory of the United States or Province of Canada, a law enforcement agency, a hospital or other appropriate agencies as determined by the Board. I, the undersigned, do hereby affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation of my employment record and other information that may be necessary to verify my qualifications to practice. I understand that any final disciplinary action that may ever be taken against my license, if it is granted, would be provided to a national disciplinary reporting system and that my Social Security number would be a part of that report.

This is to certify that the foregoing information is true and correct to the best of my knowledge.

Signature of Applicant

Date _____

(PHOTOGRAPH)

Please attach recent photograph

(Print Name Above)

County _____ State _____

being duly sworn, says that he/she is the person who executed the above application for license to practice dentistry/dental hygiene in the State of Georgia; and that all the statements herein contained are true in every respect and that the attached photo is a true photo of the applicant.

Notary Public

Notary: Do not notarize this section unless photograph is attached.

Sworn to and subscribed before me this _____ day of _____, _____.

(SEAL) My Commission Expires _____

Part V: STATE LICENSURE CERTIFICATION

TO THE APPLICANT: *Please complete the top section of this form and mail to each state in which you are now or have been licensed to practice dental hygiene. This form may be reproduced as necessary.*

TO: _____ **Board of Dentistry**

I am applying for licensure and the Georgia Board requires that your Board complete this form in order that my application for licensure may be considered. By signing this form, I am giving my consent to the release of any information, favorable or otherwise, for its review in considering me for licensure.

My license, Number _____, was issued by your Board on _____ on the basis of () State Board Exam, () Reciprocity/Endorsement, () National Board, () Credentials, () other _____.

_____ Applicant's Full Name (print or type)		_____ Address	
_____ Signature	_____ City	_____ State	_____ ZIP

***This section to be completed by an official of the above-referenced licensing board.
Please return this form directly to the applicant in a sealed envelope.***

Dental Hygiene License Number _____ to practice dental hygiene in the State of _____ was issued on _____ to _____.

Licensee

Is license current and in good standing? _____ Yes _____ No*

Has any disciplinary action ever been taken against this license?

_____ Yes* _____ NO ***If yes, please attach disciplinary documents.**

* Please provide complete details, including copies of any documents.

_____ Signature	_____ Date
_____ Title	(BOARD SEAL)
_____ Licensing Board	

Permit # _____
Date Issued _____

GEORGIA DENTAL HYGIENE TEMPORARY PERMIT APPLICATION

INSTRUCTIONS: The Georgia Board of Dentistry will issue a Temporary Dental Hygiene Permit to a dental hygienist who meets the following conditions:

1. Holds a current license in another state
2. Holds a current CPR certificate
3. Has applied for and been issued an examination admittance card from the Southern Regional Testing Agency for the next regularly scheduled examination
4. Has paid a \$150.00 non-refundable fee
5. For which ADEX examination date and location have you been scheduled?
Date of examination _____ Location _____
6. Has completed all other requirements for permanent licensure on file in the Board office, except having taken the ADEX Examination (Submit copy of Admission Card for scheduled examination)

Name: _____
(Last) (First) (Middle)

Address: _____ Home Telephone # _____

E-Mail Address: _____ SS# _____

Date of Birth _____ Place of Birth _____

In what state(s) are you currently licensed to practice dental hygiene? _____

Name of dental school and graduation date: _____

Employment information must be supplied to the Board before actual practice of dental hygiene begins. If granted a Dental Hygiene Temporary Permit, I will be employed by:

Dentist's Name _____ Telephone# _____

Address _____ City, State, Zip _____

If employer is not known at the time of making application, it is the applicant's responsibility to contact the Board when you do have this information before you begin work.

I understand that this permit is valid only until the release of the scores from the next examination.

Signature _____

Date _____

Revised 08-08-08

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Please check the box which applies to your status. You must provide copies of the required documentation as an attachment to this form.

Alien Lawfully Admitted for Permanent Residence:

- _____ - USCIS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- _____ - Unexpired Temporary I-551 stamp in foreign passport or on USCIS Form I-94

Asylee:

- _____ - USCIS Form I-94 annotated with stamp showing admission under §208 of the INA
- _____ - USCIS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- _____ - USCIS Form I-766 (Employment Authorization Document) annotated "A5"
- _____ - Grant letter from the asylum office of USCIS
- _____ - Order of an immigration judge granting asylum

Refugee:

- _____ - USCIS Form I-94 annotated with stamp showing admission under §207 of the INA
- _____ - USCIS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- _____ - USCIS Form I-766 (Employment Authorization Document) annotated "A3"
- _____ - USCIS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- _____ - USCIS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

- _____ - USCIS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- _____ - USCIS Form I-766 (Employment Authorization Document) annotated "A10"
- _____ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- _____ - USCIS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- _____ - USCIS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- _____ - USCIS Form I-766 (Employment Authorization Document) annotated "A3"
- _____ - SEVIS Form I-20 validated by the student's school for work at a particular employer for Curriculum Practical Training
- _____ - SEVIS Form I-20 validated by the student's school for work at a particular employer Plus a valid Employment Authorization Card noted for OPT-Optional Practical Training

Cuban/Haitian Entrant:

- _____ - USCIS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- _____ - Unexpired temporary I-551 stamp in foreign passport or on USCIS Form I-94 with the code CU6 or CU7
- _____ - USCIS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- _____ - USCIS petition and appropriate supporting documentation

Name of Applicant (please print clearly)

Signature of Applicant

Date Signed (MM/DD/YYYY)



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

I hereby authorize the Georgia Board of Dentistry ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

City, State, Zip

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

☐ This authorization is valid for 90/180/____ (circle one) days from date of signature.

☐ I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

____ Working with mentally disabled
____ Working with elder care
____ Working with children